Effective October 1, 2001 10/7/8785														_	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTIT	Ϋ́	OR	OTHER			
TOTAL CLAIMS								RATE	F	EE'	7	RATE	F	EE	
FOR ·			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 37	0.00	OR	BASIC FEE	74	0.00	
TOTAL CHARGEABLE CLAIMS			13 minus 20=		•			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		*	·		X42=			OR	X84=			
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=			OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	1.		OR	TOTAL			
/0///04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	TIO	DDI- DNAL EE	
	Total	. 13	Minus	** 2	20	u —	·	X\$ 9=			OR	X\$18=		Q_	
	Independent	· 3	Minus		3			X42=			OR	X84=	y	2	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=			OR	+280=			
			•	0;				TOTAL			OR	TOTAL ADDIT, FEE	\		
		(Column 1)	and the same of th	(Colur	nn 2)	(Column 3)		DDIII. 1 CC							
AMENDMENT B		REMAINING NUI		HIGH NUM PREVIO PAID	BER DUŞLY	PRESENT EXTRA		RATE	AD TIOI FE			RATE .	TIO	DDI- INAL EE	
	Total	. 3	Minus	**	20	= -		X\$ 9=			OR	X\$18=			
	Independent	• 3	Minus	***	3	=		X42=		Ţ	OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			OR	+280=			
							L	TOTAL DOIT. FEE			OR	TOTAL ADDIT. FEE			
	1.15	(Column 1)		(Colum	nn 2)	(Column 3)	Î	DD11.1 C.		(
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER JUSLY	PRESENT EXTRA	ſ			ADDI- TIONAL FEE		RATE	TIO	DDI- NAL EE	
	Total	.	Minus	**		= .		X\$ 9=			оя	X\$18=			
AME	Independent	•	Minus	***		E:	-	X42=			OR	X84=		,	
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT	CLAIM			+140=			OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3." ***Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3."										. 1	TOTAL ADDIT, FEE				

Application or Docket Number